

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P03000024487

1. Entity Name

USA NEURO, THERAPY & REHAB GROUP, INC.



**FILED  
Mar 13, 2008 8:00 am  
Secretary of State**

03-13-2008 90038 016 \*\*\*150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address	
36349 SOUTH GRAYS AIRPORT RD. FRUITLAND PARK FL 34731 US		2021 NE 52ND CT FORT LAUDERDALE FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>114 Executive Circle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boynton Beach, FL</i>	
ZIP	Country	Zip	Country <i>USA</i>
6. Name and Address of Current Registered Agent			
HIRSCHENSON, ALAN 6363 TAFT STREET SUITE #101 HOLLYWOOD FL 33024			

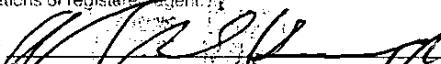
4. FEI Number **05-0556199**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ALAN HIRSCHENSON**  
(Signature, type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent sign-off required when remitting.)

**3/03/08**

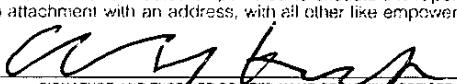
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HIRSCHENSON, ALAN 233 S. FEDERAL HIGHWAY APT#512 BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALAN HIRSCHENSON** **954 242 1692**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digital Photo